

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	TIME	ID NO.	DATE
FEES DETERMINATION	F16	32	4-16-01
O.I.P.E. CLASSIFIER	7-15-01	5/7	
FORMALITY REVIEW	N 1	588	5-28-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date	
Final	Original	5/15/01
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

TREC
 I
 SUT
 has
 not
 of L
 this
 WAF
 The ir
 Posse

Form P1
(Rev. 6-8)

Claim	Date	
Final	Original	5/15/01
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim	Date	
101	Original	5/15/01
102		
103		
104		
105		
106		
107		
108	✓	5/15/01
109		
110		
111		
112	✓	
113	✓	
114	✓	
115	✓	
116	✓	
117	✓	
118	✓	
119	✓	
120		
121		
122		
123		
124		
125		
126		
127		
128		
129		
130		
131		
132		
133		
134		
135		
136		
137		
138		
139		
140		
141		
142		
143		
144		
145		
146		
147		
148		
149		
150		

If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY